

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Working for Maryland</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00614610	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Conservative Intel</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 23 / 2016</b>	
Mailing Address <b>190 Monroe Ave NW #500</b>		Amount <b>500.00</b>	
City <b>Grand Rapids</b>	State <b>MI</b>	Zip Code <b>49503</b>	Transaction ID : <b>SE.4110</b>
Purpose of Expenditure Online Ads		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 23 / 2016</b>
Name of Federal Candidate <b>CHRYSOVALANTIS P KEFALAS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought		<b>15500.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Google Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 23 / 2016</b>	
Mailing Address <b>1500 Amphitheatre Pkwy</b>		Amount <b>2500.00</b>	
City <b>Mountain View</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.4109</b>
Purpose of Expenditure Online Ads		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 23 / 2016</b>
Name of Federal Candidate <b>CHRYSOVALANTIS P KEFALAS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought		<b>18000.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>3000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kate Lind

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 23 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Working for Maryland</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00614610	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Victory Phones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 23 / 2016</b>	
Mailing Address <b>190 Monroe Ave NW # 500</b>		Amount <b>15000.00</b>	
City <b>Grand Rapids</b>	State <b>MI</b>	Zip Code <b>49503</b>	Transaction ID : <b>SE.4104</b>
Purpose of Expenditure <b>Voter Calls</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 23 / 2016</b>	
Name of Federal Candidate <b>CHRYSOVALANTIS P KEFALAS</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MD</b>	
Calendar Year-To-Date Per Election for Office Sought <b>15000.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>15000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>18000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kate Lind

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Date

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**04 / 23 / 2016**

Signature